

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



COVID-19 Webinar for Medicaid Providers

April 23rd, 2020

Shannon Dowler, MD

Chief Medical Officer, NC Medicaid

Tom Wroth, MD, MPH

President, Community Care of North Carolina

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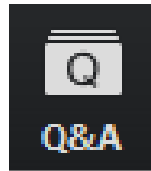
Director of North Carolina AHEC

Agenda

- Welcome & Logistics
- Medicaid Policy Updates
- Panel Discussion: Telehealth & Perinatal Care
- Questions
- Resources

Logistics for today's COVID-19 Forum

Question during the live webinar



questionsCOVID19webinar@gmail.com

Technical assistance

technicalassistanceCOVID19@gmail.com

RCC (Relay Conference Captioning)

Participants can access real-time captioning for this
webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4414733&CustomerID=324>

Medicaid Policy Changes

Codes	Description (See 2020 CPT Code Book for Complete Details)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59515	Cesarean delivery only; including postpartum care
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only; separate procedure

Note: FQHCs, FQHC Look-Alikes, and RHCs who bill T1015 for perinatal services rendered by core service providers may continue to do so when those services are provided via telemedicine.

C.2 The following **Pregnancy Medical Home incentive codes** may be billed after the specific services associated with each code are provided, consistent with the guidance above.

Codes	Guidelines (See CCP 1E-6 – Pregnancy Medical Home for Complete Details)
S0280	Providers shall bill this code after the pregnancy risk screening tool has been completed <i>Note: Must be billed by the practice</i>
S0281	Providers shall bill this code after the postpartum visit is completed <i>Note: Must be billed by the rendering provider</i>

Note: The incentive codes in table C.2 do not require GT or CR modifiers.

Durable Medical Equipment

- Added recently: Blood Pressure Monitors, Scales and Portable Pulse Oximetry
- Must use Medicaid approved DME company
- Must meet medical necessity

<https://medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment>

Well Child Visits

This bulletin temporarily adds telemedicine coverage for providers to conduct Well Child Visits with patients in order to ensure the provision of comprehensive and preventive health care services.

- Eligible providers include physicians, nurse practitioners, and physician assistants.
- **For children under age 24 months:** NC Medicaid continues to recommend in-person visits to deliver the vast majority of Well Child services to children under 24 months of age, except in extenuating circumstances.
- **For children age 24 months and older:** NC Medicaid recommends providers consider telemedicine to deliver a broad range of Well Child Services, as is clinically appropriate.
- Children who receive a preventive medicine visit via telemedicine should have an in-person Well Child visit as soon as possible, when the provider and family mutually agree it is safe.
 - For the initial telemedicine visit, providers should bill the appropriate preventive medicine service code with the appropriate modifiers described in the bulletin (to be posted on Monday).
 - For the following face to face visit, providers should bill the appropriate evaluation and management code with the CR modifier to identify that remaining components of the preventative medicine visit have been completed.
- FQHCs, FQHC Look-alikes, and RHCs may deliver Well Child services via telemedicine and will be reimbursed on a fee-for-service basis, as they would if the services were delivered in-person.
- See next page for covered CPT codes.

Codes for Well Child Visits for Children Under Months

Children Under 24 Months: Eligible Telemedicine Service Codes		
Codes	Modifiers (NC Medicaid)	Modifiers (NC Health Choice)
Preventative Medicine Services		
99381	EP-GT-CR	TJ-GT-CR
99382	EP-GT-CR	TJ-GT-CR
99392	EP-GT-CR	TJ-GT-CR
Evaluation and Management Codes to be Used for Follow-Up In-Person Visits		
99211	CR	CR
99212	CR	CR
99213	CR	CR
99214	CR	CR
99215	CR	CR
Developmental Screening		
96110	EP-GT-CR	TJ-GT-CR
Emotional/Behavioral Screening		
96127	EP-GT-CR	TJ-GT-CR
Health Risk Assessment		
96160	EP-GT-CR	TJ-GT-CR
96161	EP-GT-CR	TJ-GT-CR
Immunization Administration		
90460	EP-CR	TJ-CR

Children 24 Months and Older: Eligible Telemedicine Service Codes		
Codes	Modifiers (NC Medicaid)	Modifiers (NC Health Choice)
Preventative Medicine Services		
99382	EP-GT-CR	TJ-GT-CR
99383	EP-GT-CR	TJ-GT-CR
99384	EP-GT-CR	TJ-GT-CR
99385	EP-GT-CR *through age 21	TJ-GT-CR *through age 18
99392	EP-GT-CR	TJ-GT-CR
99393	EP-GT-CR	TJ-GT-CR
99394	EP-GT-CR	TJ-GT-CR
99395	EP-GT-CR *through age 21	TJ-GT-CR *through age 19
Evaluation and Management Codes to be Used for Follow-Up In-Person Visits		
99211	CR	CR
99212	CR	CR
99213	CR	CR
99214	CR	CR
99215	CR	CR
Developmental Screening		
96110	EP-GT-CR	TJ-GT-CR
Emotional/Behavioral Screening		
96127	EP-GT-CR	TJ-GT-CR
Health Risk Assessment		
96160	EP-GT-CR	TJ-GT-CR
96161	EP-GT-CR	TJ-GT-CR
Immunization Administration		
90460	EP-CR	TJ-CR

Postpartum Depression Screening

This bulletin temporarily enables eligible providers to conduct postpartum depression screenings of postpartum women via several remote modalities.

- Covered services include: CPT 96127
- Eligible providers include physicians, nurse practitioners, physician assistants and certified nurse midwives.
- Postpartum depression screenings can be delivered via an in-person visit, telemedicine visit (two-way real-time, interactive audio and video), telephone call, or online patient portal communication.
- The postpartum depression screening should be provided on the same day as an in-person office or telemedicine visit. For example, the screening may be conducted via telephone or online patient portal communication on the same day before a woman has an in-person or telemedicine visit. Alternatively, the screening can occur during the in-person or telemedicine visits.
- FQHCs, FQHC Look-alikes, and RHCs may also deliver postpartum depression screening via telemedicine, telephone call, or online patient portal communication.
 - Postpartum screenings delivered as part of an obstetrics care visit are covered under core obstetrics billing (T1015).
 - Postpartum depression screenings delivered as part of Well Child Visits are reimbursed on a fee-for-service basis.

Health and Behavior Intervention by Local Health Departments Services

This bulletin temporarily enables eligible providers to conduct health and behavior intervention visits with new or established high-risk pregnant and postpartum patients via telemedicine.

- Covered services include: CPT 96158 and 96159
- Eligible providers include local health departments whereby the service is rendered via telemedicine by a licensed clinical social worker.
- Health and behavior intervention visits include intense, focused counseling such as individualized problem-solving, priority setting, instruction, and action planning to effect behavior modification or environmental change.
- **Note:** Local health departments can bill for a variety of other medical and behavioral services provided by an MD, NP, PA, CNM, or appropriate behavioral health personnel when delivered via telehealth or virtual patient communications as outlined in previously published guidance.

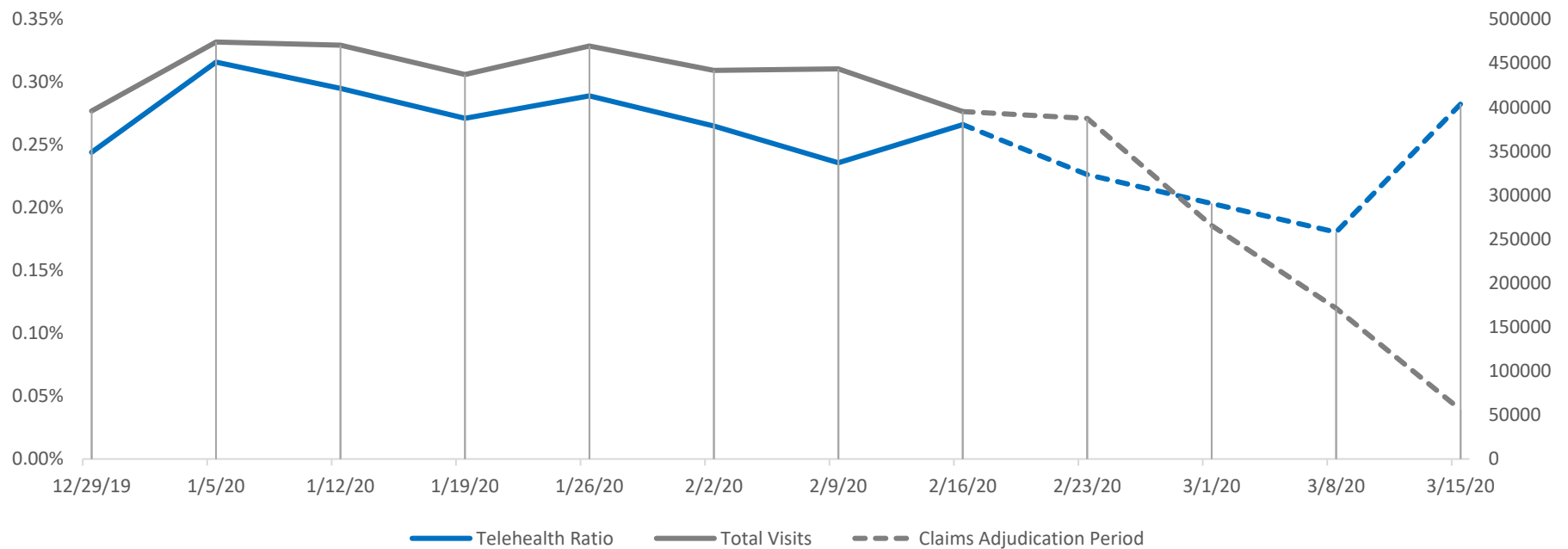
Outpatient Respiratory Therapy

This bulletin temporarily enables eligible providers to deliver select treatment services via teletherapy to established patients.

- Covered services include: CPT 94010, 94060, 94150, 94375, 94664, 94760, 99503, and 99504.
- These established patient treatment codes, when provided via teletherapy, may be billed by respiratory therapists when the required equipment is already set up in the patient's home.
- Respiratory Therapists must ensure that the services can safely and effectively be delivered via teletherapy in alignment with [NC Medicaid Clinical Coverage Policies 10A, Outpatient Specialized Therapies, and 10D, Respiratory Therapy Services by Independent Practitioner Provider](#). Therapists must consider a client's behavioral, physical, and cognitive abilities to participate in services provided via teletherapy.
- Prior authorization (PA) requirements for respiratory therapy services provided through the Independent Practitioner Provider (IPP) program were suspended effective March 23, 2020 (see [Special Bulletin COVID-19 #11](#)). This includes respiratory therapy services provided via teletherapy. However, providers are encouraged to obtain PA if it is reasonable to do so and won't delay the provision of medically necessary respiratory therapy services. Either way, providers must maintain documentation of medical necessity and all records per [Clinical Coverage Policy 10D, Respiratory Therapy Services by Independent Practitioner Provider](#). All claims are subject to audit.

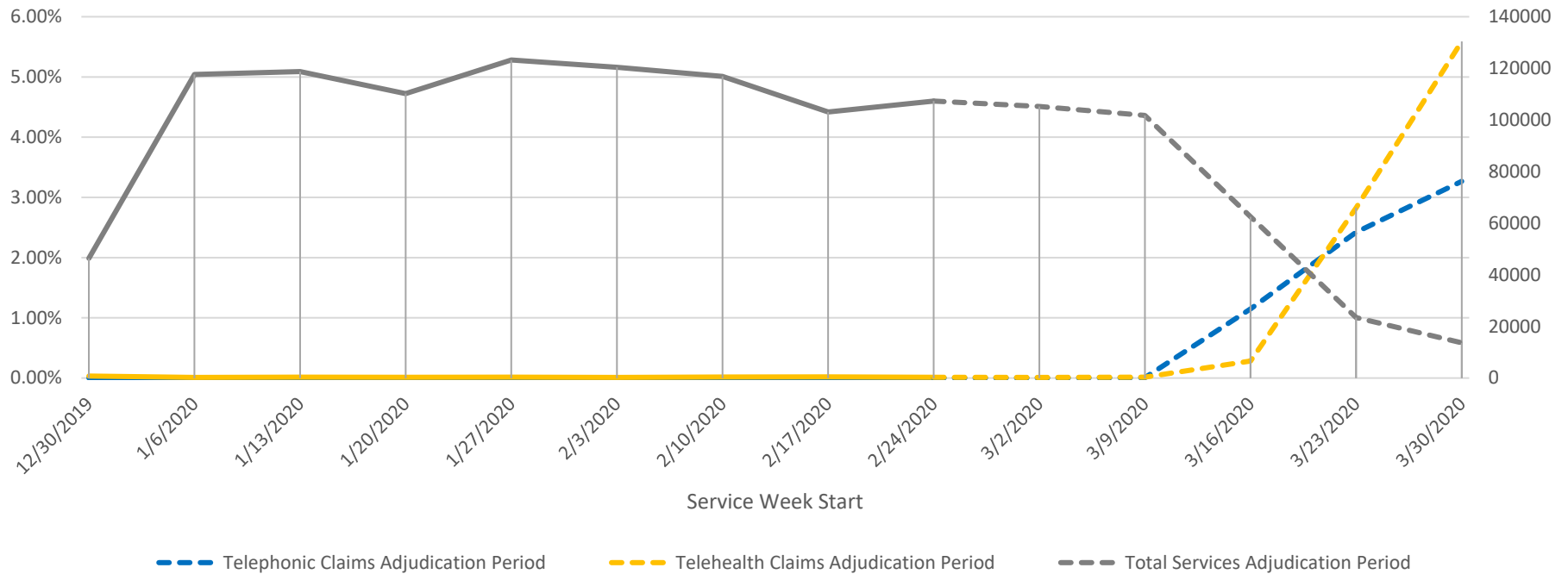
DHB Telehealth Visits Ratio with Total Visits Trend | 12/29/19 - 3/21/20

- Limiting the data to 2020 gives a closer look at period affected by SARS-CoV-2
 - The telehealth visits ratio increases in early March coinciding with DHB's telehealth/telephonic policy changes
 - Total visits (grey line; numbers on right axis) decreases with claims adjudication
- ***Trends occurring within the claims adjudication period cannot be confirmed yet*****



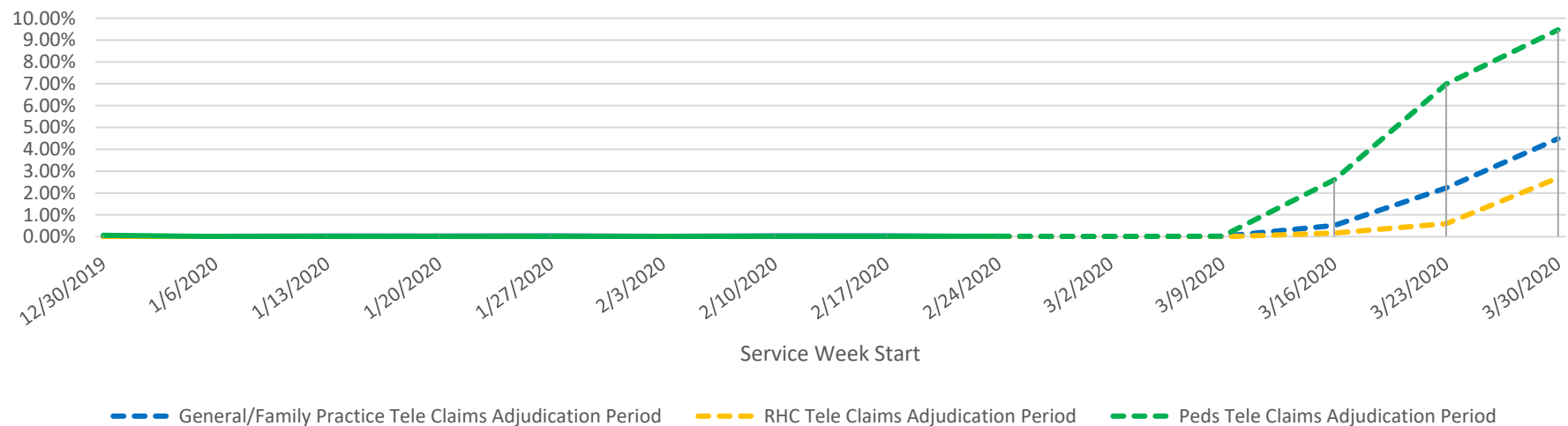
Telehealth and Telephonic Ratios with Total Services | 12/30/19 – 4/5/20

- Telehealth and telephonic service ratios increase in early March coinciding with DHB's telehealth/telephonic policy changes
- Total visits (grey line; numbers on right axis) decreases with claims adjudication
- DHB visit counts (previous slides) and CCNC service counts and ratios vary, but the resulting trends are almost identical



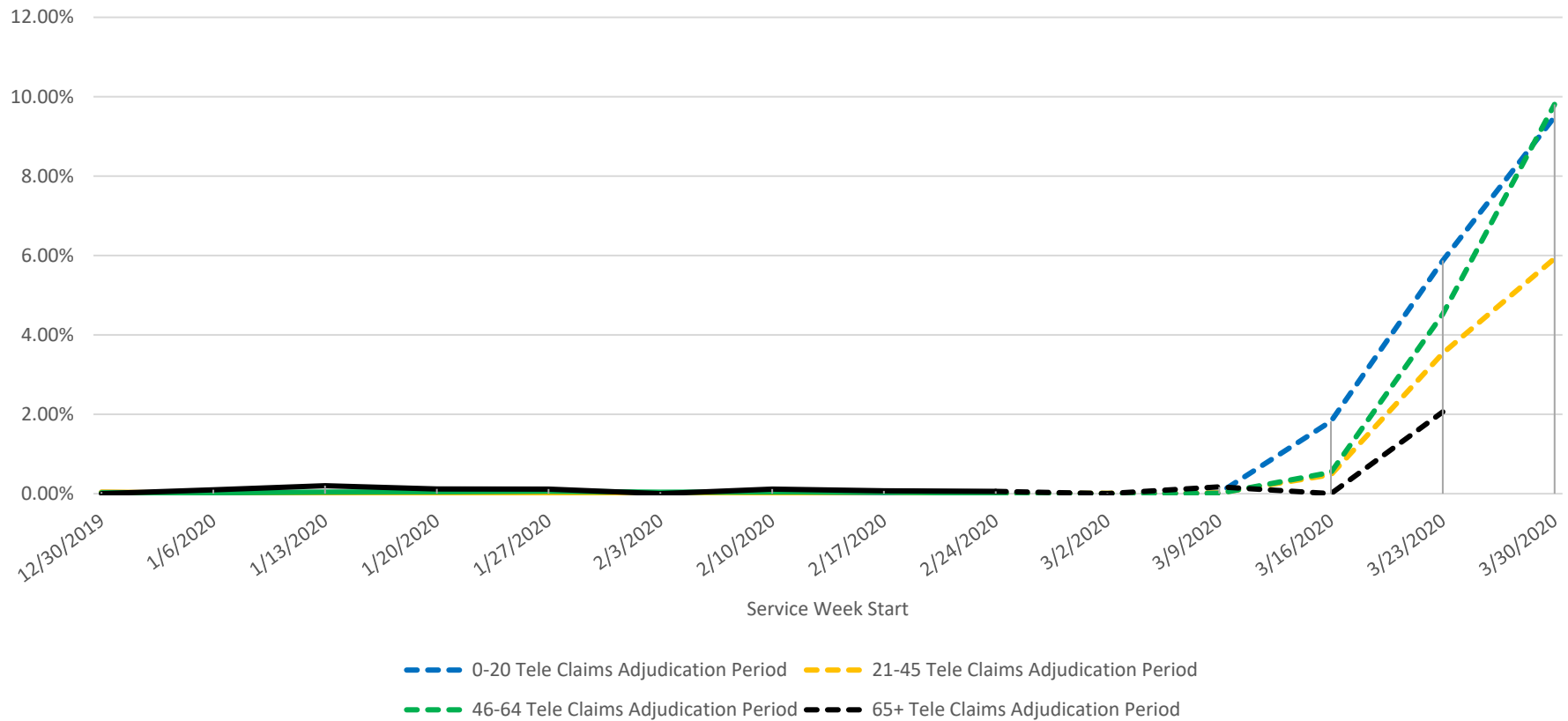
Survey Findings and Combined Telehealth/Telephonic Ratios | 12/30/19 – 4/5/20

- Responses to a COVID-19 Impact Survey¹ were split out for Peds, Family Physicians, and Rural practices. Claims data represented in the chart below (pending adjudication) appear to confirm survey findings:
 - Peds were more inclined to implement telehealth to improve revenue (94.7%) than Family Physicians (87.84%) and Rural practices (85.29%).
 - Peds were more interested in assistance to improve telehealth coding (50.97%) than Family Physicians (43.33%) and Rural practices (47.11%).
 - Peds were less interested in assistance related to patients' technical abilities to use telehealth (48.25%) than Family Physicians (63.24%) and Rural practices (63.25%).



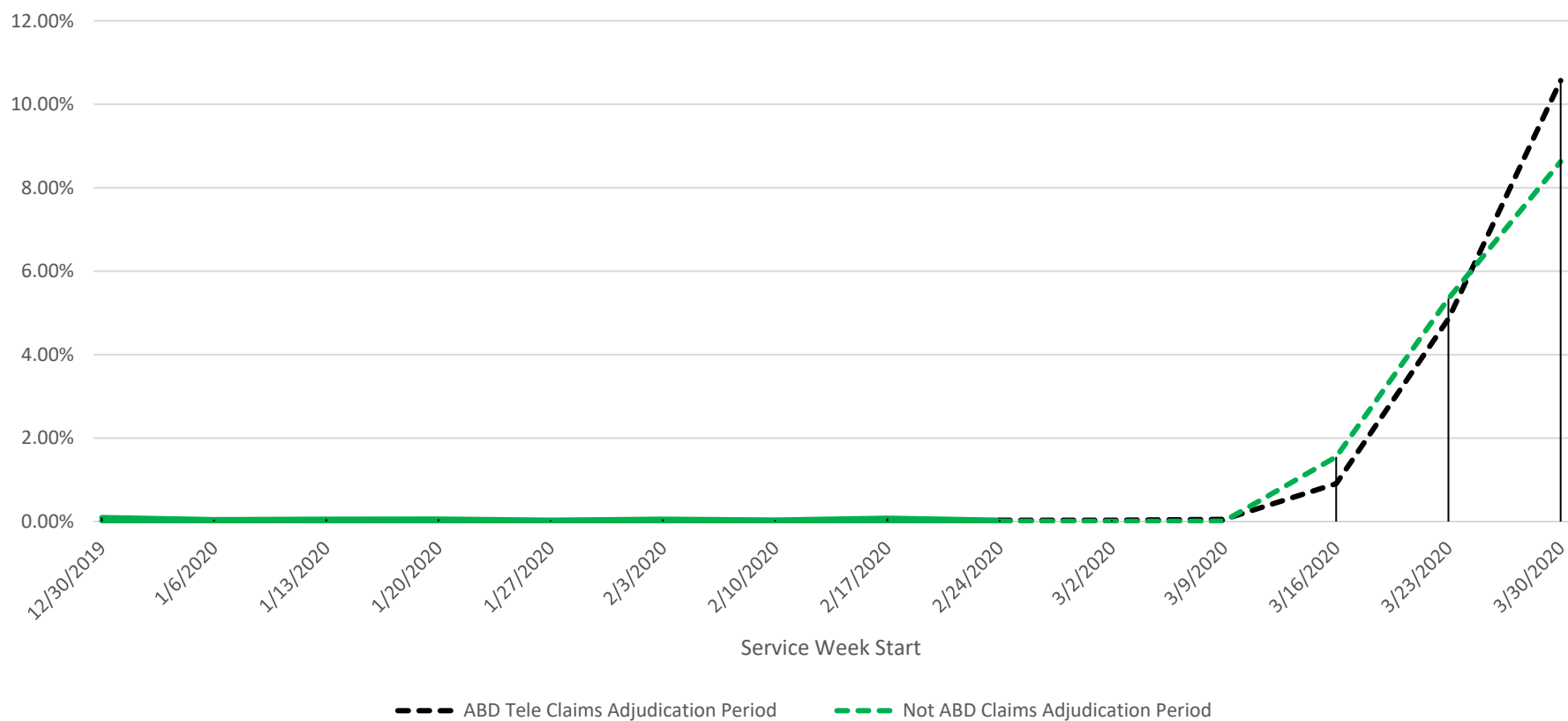
1. NC Pediatric Society and NC Academy of Family Physicians COVID-19 Impact Survey (March 31, 2020)
Data pulled from CCNC dashboard, containing mainly primary care and OB claims.

Combined Telehealth/Telephonic to In-Person Ratios by Age Group² | 12/30/19 – 4/5/20

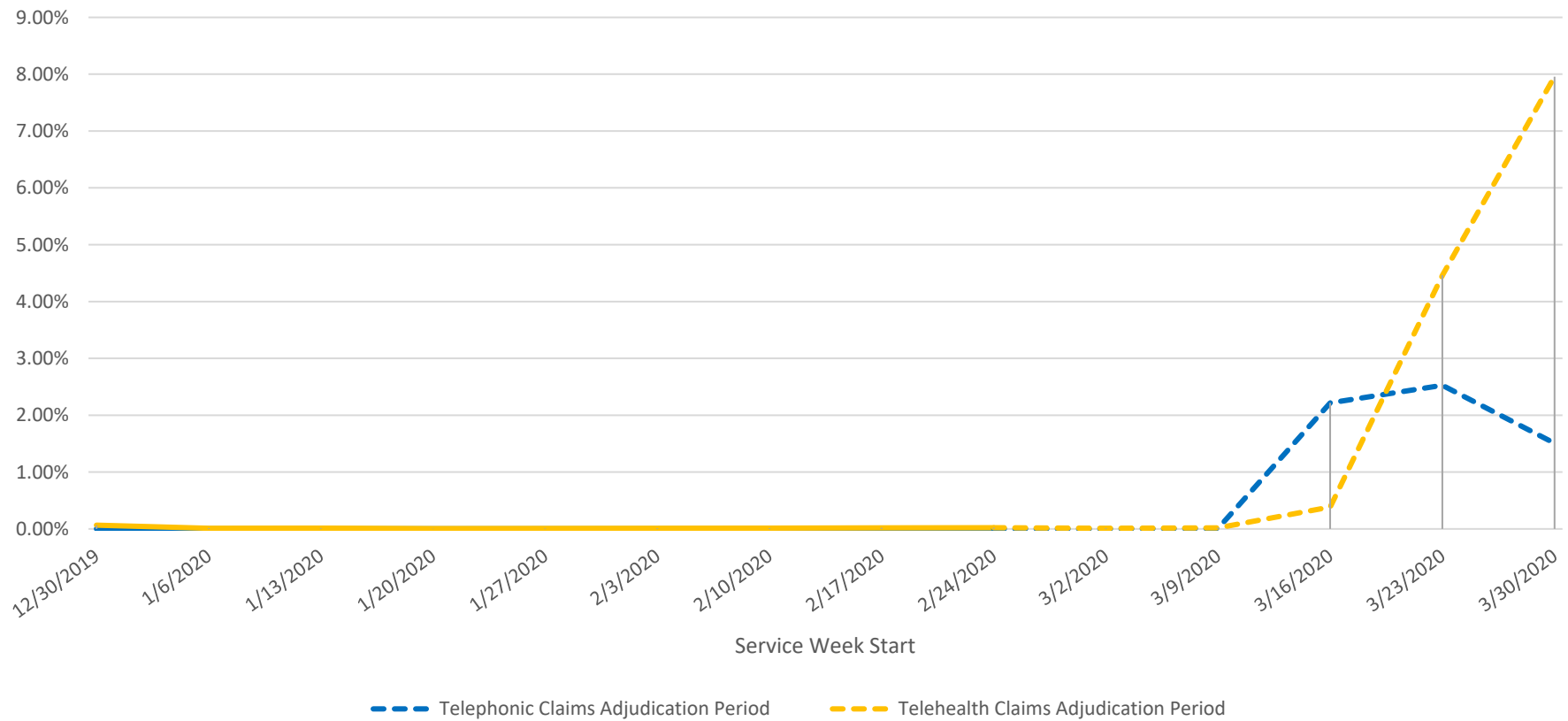


2. In this chart, the value for the 65+ population for the service week starting 03/30/2020 has been suppressed due to the small number of claims submitted to-date for this subgroup for this time period.
Data pulled from CCNC dashboard, containing mainly primary care and OB claims

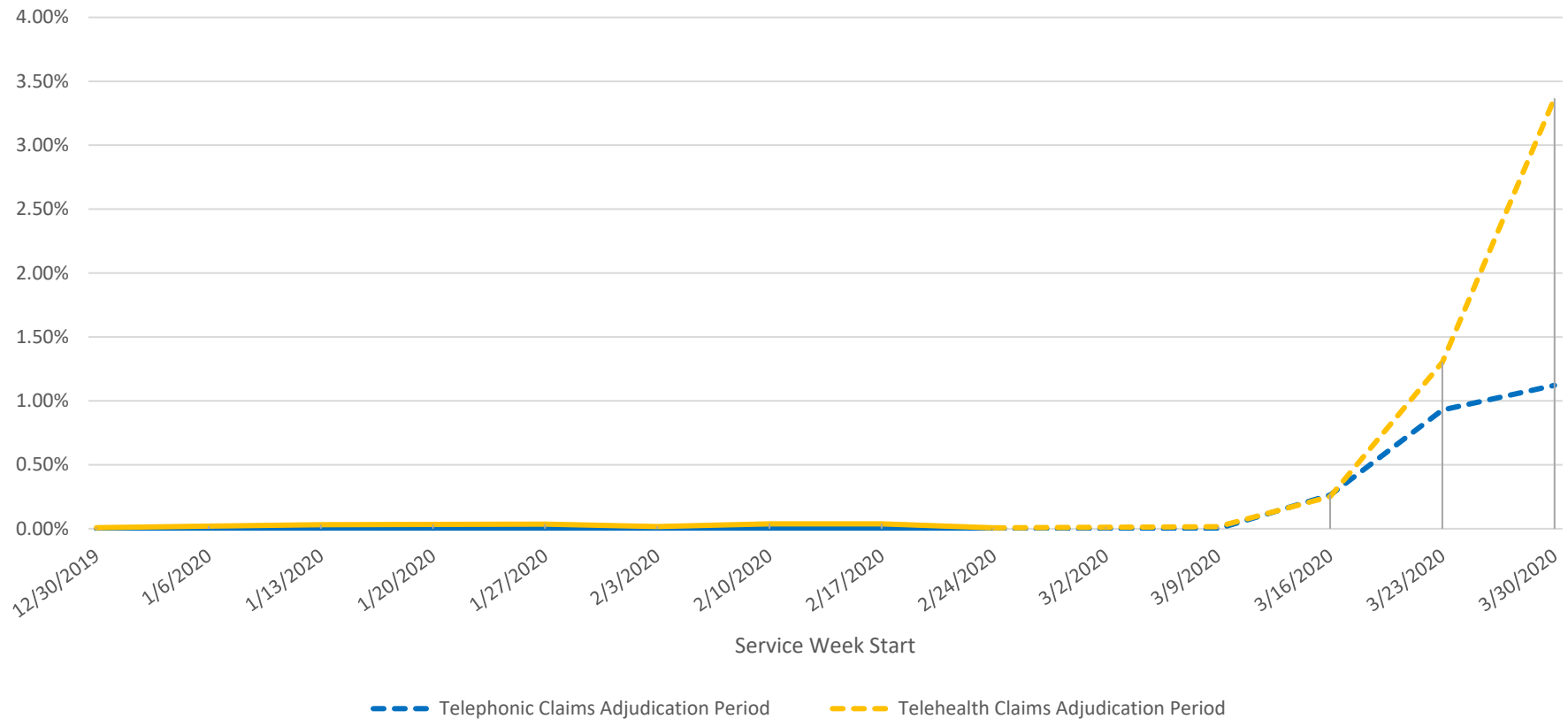
ABD vs. Not ABD Combined Telehealth/Telephonic to In-Person Ratios | 12/30/19 - 4/5/20



Telehealth and Telephonic Ratios for Peds | 12/30/19 - 4/5/20

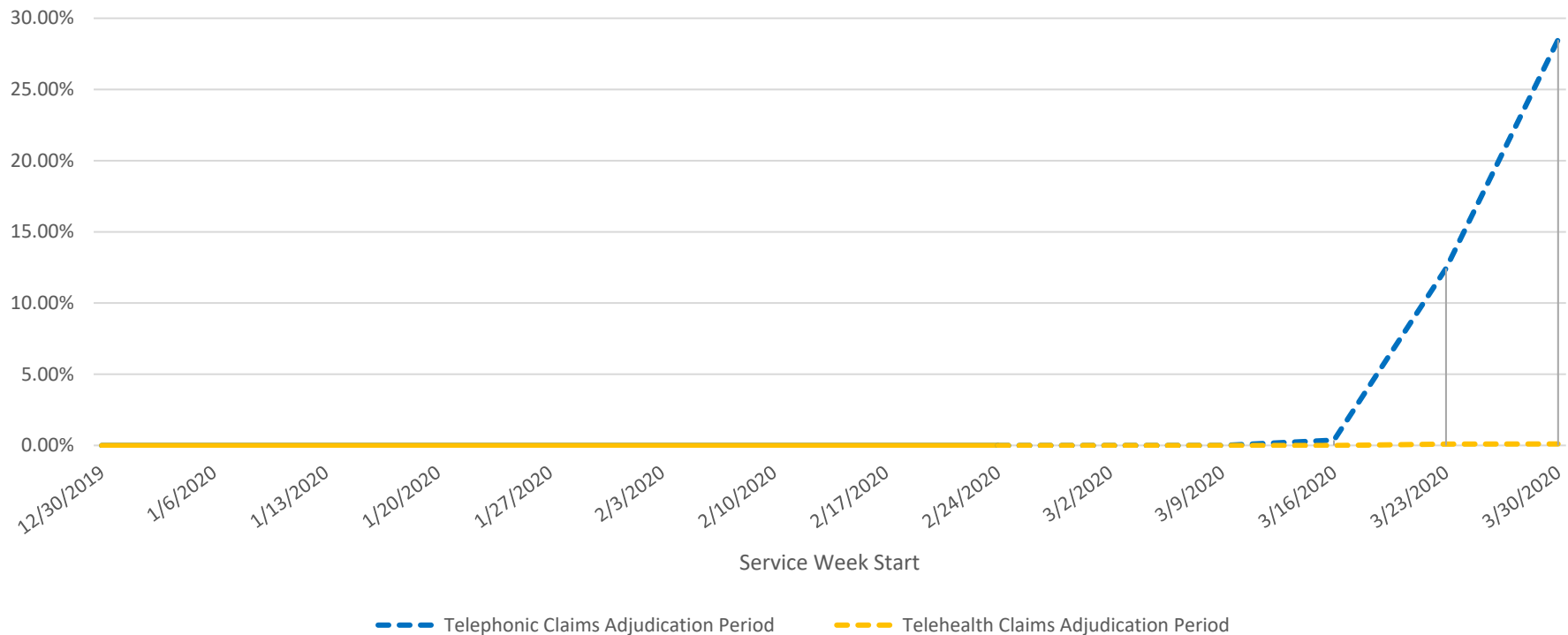


Telehealth and Telephonic Ratios for Gen/Family | 12/30/19 – 4/5/20

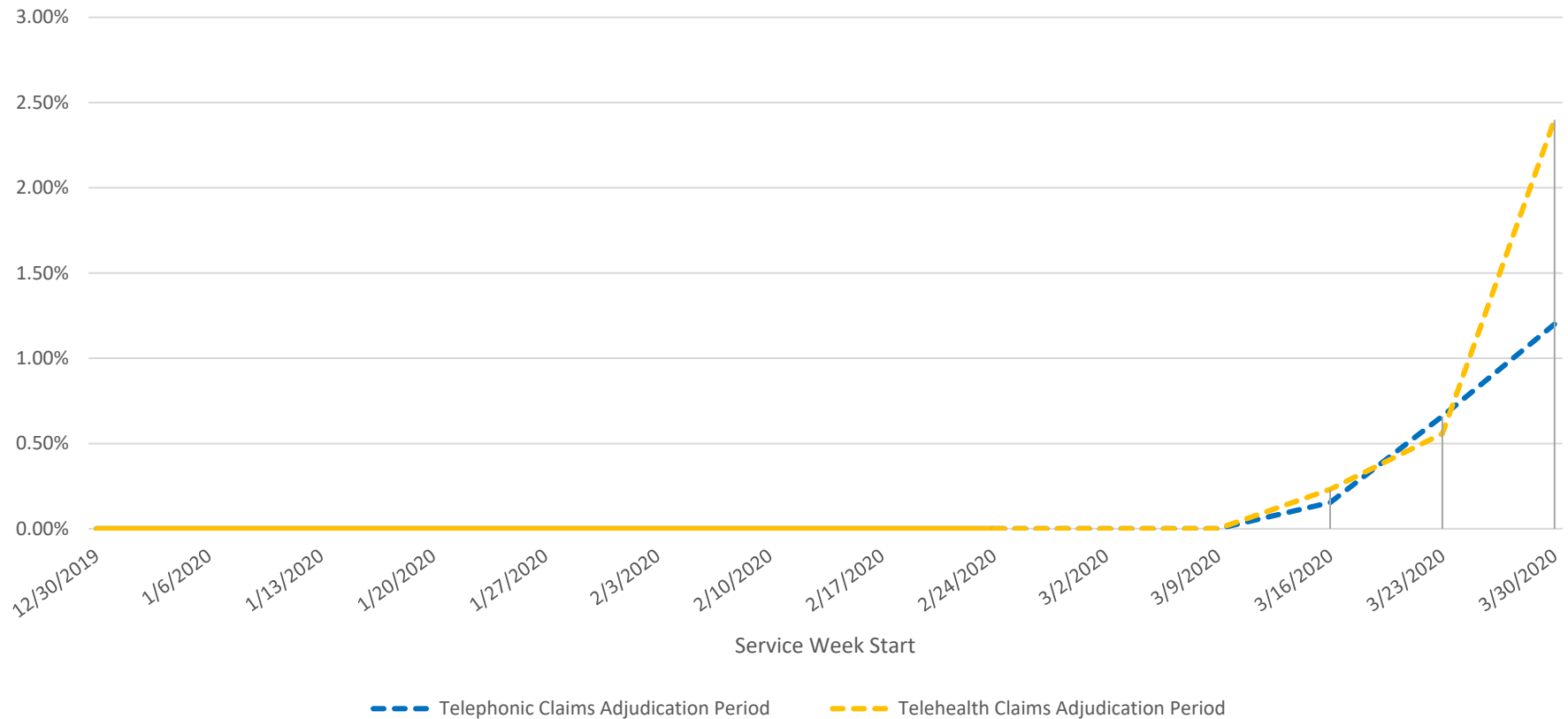


Telehealth and Telephonic Ratios for FQHCs | 12/30/19 – 4/5/20

- Compared to other provider subgroups, the ratio of telephonic to in-person claims for FQHCs is extremely high; 28.48% in the final week of the observation period. Pediatrics, registered the next highest ratio; 2.53% for the week starting 03/23/2020.



Telehealth and Telephonic Ratios for OB/Gyn | 12/30/19 – 4/5/20



Data pulled from CCNC dashboard. Any telephonic claims data prior to 3/10/20 need to be examined.

Vulnerable Populations: Hard of Hearing

COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients

A coalition of deaf and hard of hearing consumer advocacy organizations, deaf healthcare providers, and other experts worked together to provide the below guidelines for healthcare providers to use during the coronavirus pandemic.

Date Released: Friday, April 17, 2020

Overview

The COVID-19 pandemic has compelled the accelerated use of telehealth solutions. Accessibility features in telehealth video-based platforms are crucial in assuring that deaf and hard of hearing (DHH) individuals have access to quality healthcare while maintaining the safety of medical providers and the general public **during this pandemic**. Accessibility is also a legal obligation under various laws, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other health laws as well as state and local laws.

This document only focuses on best practices and requirements for accessible telehealth video-based platforms and apps (where the doctor and patient can see each other on video), **not traditional telephone-only communications**. The appendix provides technical details about these solutions.

Accessibility Solutions

Vulnerable Populations: Plant Workers

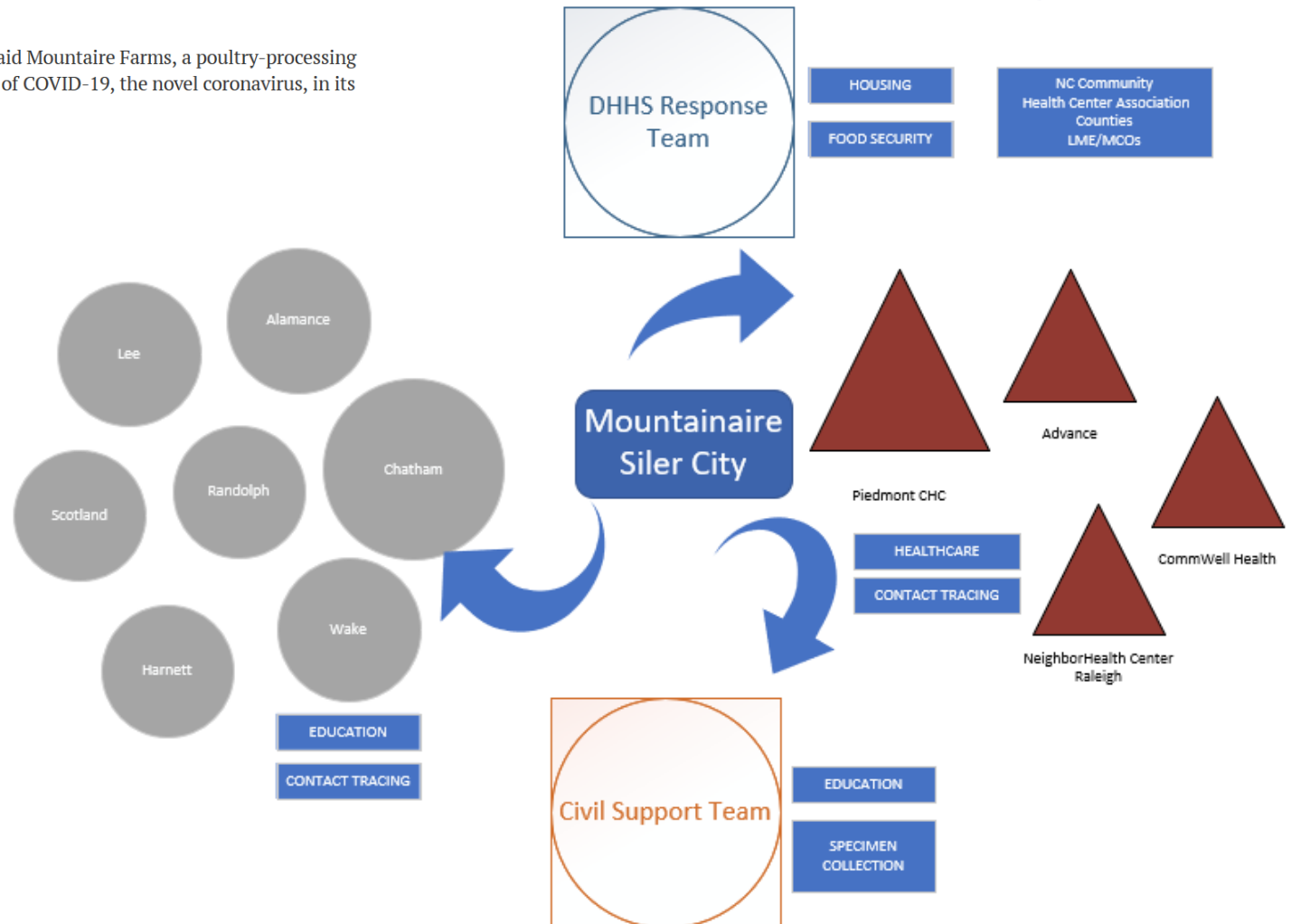


Posted Thursday, April 23, 2020 9:38 am

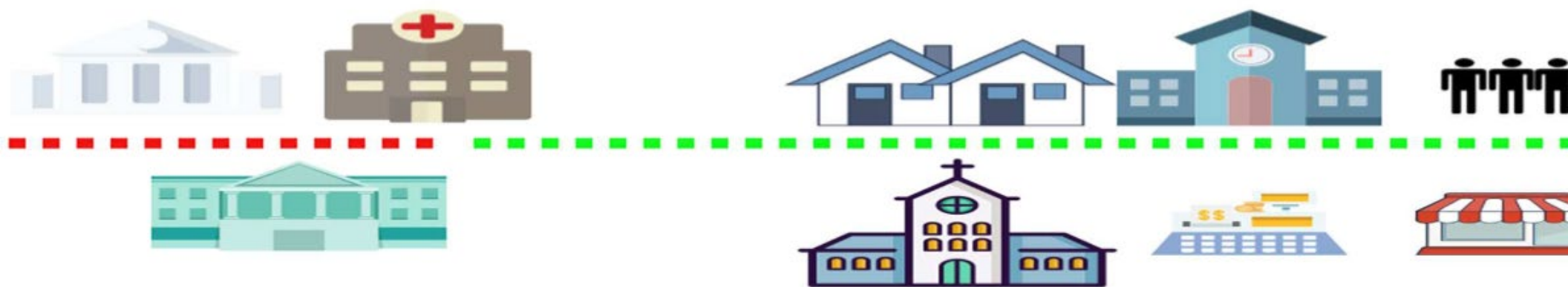
BY ZACHARY HORNER, News + Record Staff

SILER CITY — Multiple media reports Wednesday said Mountaire Farms, a poultry-processing company that has a plant in Siler City, had 20 cases of COVID-19, the novel coronavirus, in its North Carolina facilities.

LOCAL OUTBREAK CONSORTIUM



Overview of the FCC's COVID-19 Telehealth Program



What's Next

- Bulletins on Well Child, PMPM Change, Telephonic Rate Change, FQHC/RHC Core Rate Change
- Guidance on Skilled Nursing Facility Telehealth and Dialysis Telehealth

Telehealth & Perinatal Care

M. Kathryn Menard, MD, MPH

Distinguished Professor, Obstetrics and Gynecology
Maternal Fetal Medicine
University of North Carolina School of Medicine

Arthur Ollendorff, MD

MAHEC OB/GYN Specialists

Strategies to deliver safe prenatal care during COVID-19 pandemic

M. Kathryn Menard, MD MPH

UNC School of Medicine

Reduce
in-person
visits by
clustering
care
around:

Exams



Created by Lemon Liu
from Noun Project

Labs



Created by Razlan Hanafiah
from Noun Project

Injections



Created by Achmad Zahaby
from Noun Project

NST Fetal heart rate monitoring



Created by b farias
from Noun Project

Imaging



Created by LAFS
from Noun Project

Maximize support using telemedicine

Video visits when
possible



Created by Ayan Sabbir
from Noun Project

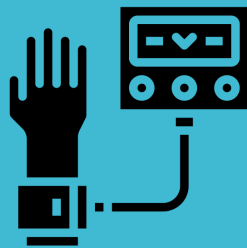
Phone visits as an
alternative



Created by Alice Design
from Noun Project

Remote Monitoring

Blood Pressure



Created by Vichanon Chaiamsuk
from Noun Project

Kick Counts/
FHT's



Created by priyanka
from Noun Project

Weight/
Fundal Height



Created by LAFS
from Noun Project

Strict
precautions
when in
person
contact is
necessary

Patient Wellness
screening



Created by visual language
from Noun Project



Created by Xinh Studio
from Noun Project

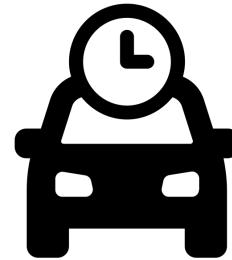
Care providers and
patient in Masks

Staff Wellness
screening

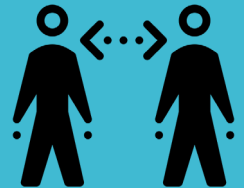


Created by Maximilian Becker
from Noun Project

Wait in car



Created by Adrien Coquet
from Noun Project



Created by Hanah Pixel Studio
from Noun Project

"Give me six feet"
in the office

Prenatal care schedule

Visit week	Visit type	History/Exam	Labs/US Injections	Education
Intake	Nurse call	History Risk triage		COVID 19 exposure prevention Nutrition, prenatal vitamins Environmental/medication exposure Emergency numbers
<9	Virtual provider	Comprehensive history Depressions screen PMH risk screen Order labs, BP monitor Discuss risks/benefits of telehealth, assess her preference		Orientation to the practice Use of BP monitor Anticipatory guidance regarding pregnancy symptoms, nausea/vomiting, fatigue Plan of care, addressing identified risk factors Care management partnership Work expectation and pregnancy
10-11	Virtual GC	Family, genetic hx Order labs, if desired		Options for aneuploidy screening and carrier testing
11-12	In office provider	Vital signs Weight Physical Exam Pap/cxs	Prenatal labs U/A and cx Aneuploidy screen Influenza	Weight gain Physical activity guidance Observe use of BP monitor/calibrate Low dose ASA if indicated/pre-eclampsia prevention Vaccinations Physical and emotional changes in pregnancy

Prenatal care schedule

Visit week	Visit type	History/Exam	Labs/US Injections	Education
16	Virtual	Home BP, weight	17 OHP if indicated	
19-20	In office	Vital signs, weight	Anatomy US UA (high risk)	Revisit nutrition and healthy weight gain Seat belt use Secondhand smoke exposure Safe sex Labor after cesarean
24-25	Virtual	Home BP, weight		Fetal activity monitoring Anticipatory guidance, glucose testing next visit
28	In office	Vital signs, weight Fundal height Depression screen	Diabetes screen CBC, Type and Screen UA (high risk) Rhogam if neg Tdap	Fetal activity monitoring Preterm labor precautions Childbirth education class options Infant feeding Family planning (BTL consent is desired)
32	Virtual (In office for high risk)	Home BP, weight, fetal activity	Growth US (high risk) UA if high risk	Fetal activity monitoring L and D tours (virtual) L and D anticipatory guidance Pain management options Circumcision Parenting class options Choosing a pediatrician Newborn care/car seat

Prenatal care schedule

Visit week	Visit type	History/Exam	Labs/US Injections	Education
36		Vital signs, weight, FHTs Exam for presentation GBS culture	GBS UA	Fetal activity monitoring Sign and symptoms of labor Infant safety Confirm infant feeding plan and family planning preference, review option of immediate PP LARC Plan for self-care postpartum As appropriate cesarean delivery education and scheduling
37	Virtual	Home BP, weight, fetal activity		Fetal activity monitoring
38	Virtual	Home BP, weight, fetal activity		
39	In office	Vital signs, weight, fundal height, cervical exam	UA	Fetal activity monitoring Preferences for IOL, post-dates testing
10-14 days PP	Nurse call	Home vital signs Depressions screen		Anticipatory guidance Lactation support Post partum adaptation
4-6 wks PP	Virtual option	Home vital signs Depression screen		Anticipatory guidance Contraception Transition to primary care Lactation and return to work

Additional testing and in office care for High Risk conditions

- Hypertension
- Diabetes requiring glucose monitoring and medication
- Multifetal pregnancy
- Cervical insufficiency/Hx of PTB
- Medical co-morbidities
- Fetal growth abnormalities
- Fetal structural anomalies

Prenatal care via telemedicine: Helpful adjuncts

- Patient preference/consent for alternate model of care
- Patient portal for enhanced engagement and ease of communication (questions, BP and blood sugar logs)
- Support services via telemedicine
 - Lactation
 - Nutrition
 - Genetics counseling
 - Behavioral health
 - PMH care managers
 - Maternal Fetal Medicine consultation
- Available immediate post partum LARC
- Separate care space for COVID 19 positive outpatients

Resources

kmenard@med.unc.edu

ACOG Practice advisory on COVID 19

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

ACOG Committee Opinion: Implementing Telehealth in Practice

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice>

SMFM Publications and Clinical guidance

<https://www.smfm.org/covidclinical>

Butler Tobah, Y Randomized comparison of a reduced-visit prenatal care model enhanced with remote monitoring. AJOG June, 2019

CCNC Pregnancy Medical Home

<https://www.communitycarenc.org/what-we-do/clinical-programs/pregnancy-medical-home>

- Ob champion and Ob coordinator in your region
- Ob telehealth resources for PMH providers

MAHEC Collection of COVID-19 OB Resources

<https://mahec.libguides.com/covid19obgyn>

Questions?



Where To Get Information and Help

Available Telehealth Vendor Support

- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
 - CCNC partnering with DocsInk
 - NC Medical Society partnering with Presence
 - NC Community Health Center Association partnering with Doxy.Me

How to Contact Practice Support

CCNC Practice Support

Email: CCNCsupport@communitycarenc.org OR

CCPNSupport@communitycarenc.org

Phone: 919-926-3895

Website: <https://www.communitycarenc.org/statewide-operations>

NC AHEC Practice Support

Email: practicesupport@ncahec.net

Phone: 919-445-3508

Website: <https://www.ncahec.net/practice-support/what-we-do/>

Healthcare Preparedness Survey for Providers

- It is critical that DHHS understands the medical staffing resources available and needs identified across the state to prepare for the peak of the COVID-19 outbreak.
- Hospitals regularly report their needs to the Healthcare Preparedness Coalitions but there has not been a way to gather this information from practices, until now.
- Please complete the following brief survey in order to enable DHHS to provide current information and source supplies more effectively.

Survey link: <https://nc-covid19.sirs.unc.edu/healthcare-preparedness>

COVID-19 Triage Plus – Resource for Practices and their Patients

Statewide, Inbound Call Center Providing:

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

COVID-19 Triage Plus Line: (877) 490-6642

**Hours of Operation: 7am – 11pm
7 days a week, including holidays**

Please add this number to your practices outbound phone message and your website.

Medicaid Resources

Medicaid COVID-19 website: medicaid.ncdhhs.gov/coronavirus

Medicaid Special Bulletins: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid/covid-19-special-medicaid-bulletins>

Rates: medicaid.ncdhhs.gov/providers/fee-schedules

NCDHHS COVID-19 website: www.ncdhhs.gov/coronavirus

Telehealth Billing Code Summary: <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary-20200407.pdf>

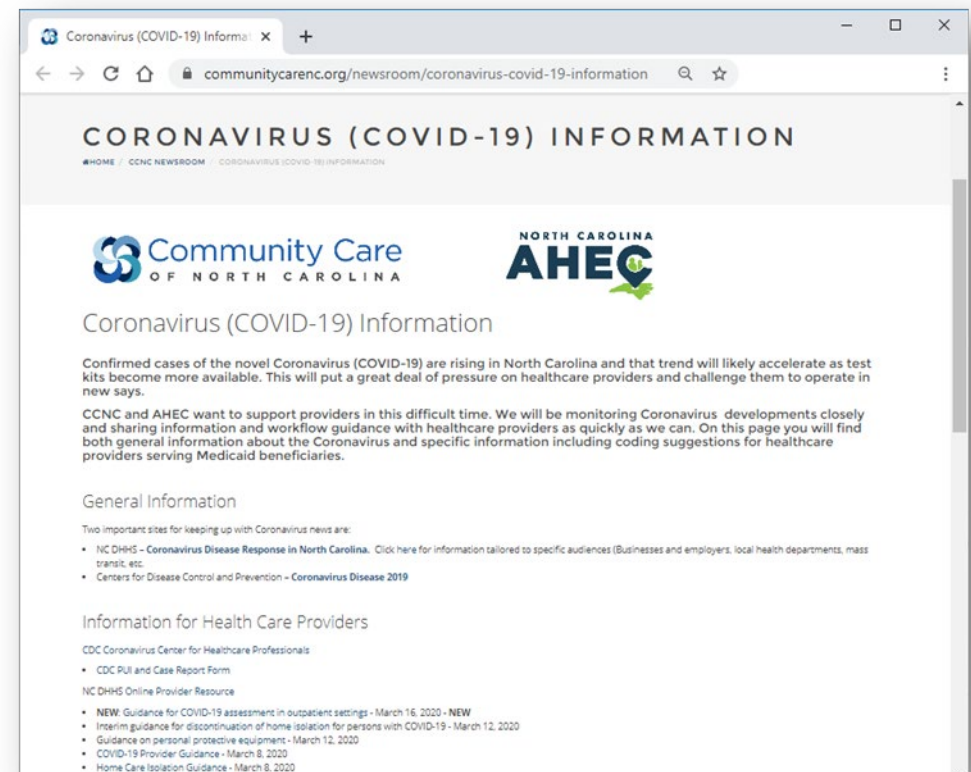
Email for Medicaid-specific questions or concerns:
medicaid.covid19@dhhs.nc.gov

CCNC/AHEC Website

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
- Webinar recordings



Additional COVID-19 Webinars

NC AHEC/Office of Rural Health Telehealth Webinars

Addressing the role of virtual visits in responding to COVID-19

Mondays from 12-1pm

<https://zoom.us/j/985104650>

Navigating COVID-19: Financial Resources for Practices in the CARES Act

Information for providers on available financial resources

Tuesdays from 6-7pm

<https://zoom.us/j/131899801>

DPH/NC AHEC Webinars

DPH provides COVID-19 updates and Q&A with providers

Fridays from 12:30-1pm

<https://zoom.us/j/705979628>